

**Professional Development Committee  
Marriott West – Richmond, Virginia  
October 10, 2007  
10:30 a.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Staff:</b>	<b>Others:</b>
<b>Randy Abernathy-Chair</b> <b>Dave Cullen</b> <b>Holly Frost</b> <b>Billy Altman</b> <b>Kathy Eubank</b> <b>Jeffrey Reynolds</b>	Donna Helmick-Excused Nick Kleminko	Amanda Davis Michael Berg Warren Short Tom Nevetral Greg Neiman Chad Blosser David Edwards	<b>Shaun E. Carpenter-CSEMS</b> <b>Lisa Atkins-New Kent Fire &amp; EMS</b> <b>Heidi Hooker-ODEMSA</b> <b>Linda Johnson-TJEMS/Charlottesville Fire</b> <b>Deborah T. Akers-WVEMS</b> <b>Marcia Pescitani-NOVA</b> <b>Mary Peyton Miller-Hanover Fire &amp; EMS</b>

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Welcome</b>	The meeting was called to order at 10:50 am without a quorum.	
<b>II. Introductions</b>	Members of the Committee and guests introduced themselves	
<b>V. Reports of Committee Members</b>	A. Officer Reports-Randy Abernathy has spoken with Dr. Dudley to get up to speed	
	B. Reports of Committee Members 1. Holly Frost- Scope of Practice. 2. Dave Cullen-Regional Councils Town Hall Forum in Staunton at the Stonewall Inn. 3. Dave Edwards-EMSC-Now Officially with the OEMS, embracing the principals of National EMSC. Recent Survey regarding Mandatory Reporting and Child/Adult Abuse. 5. Billy Altman-None. a. Randy-VAGEMSA – Recruitment and Retention Program working with the Office to Co-sponsor a day-long program. Placement of the Office in State Government, forum at Convention. 6. Jeffrey Reynolds-None. 7. Kathy Eubank-VAVRS-None.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	Kathy Eubank and Jeffrey Reynolds entered. A quorum was declared and the committee returned to the top of the agenda.	
<b>III. Approval of Agenda</b>	The Meeting Agenda was reviewed. (ATTACHMENT A)	<b>Motion By: Dave Cullen</b> <b>To approve the agenda as presented</b> <b>Second By: Billy Altman</b>  <b>Vote: Unanimously Approved</b>
<b>IV. Approval of Minutes</b>	The minutes of the July 11, 2007 PDC Meeting were reviewed. (ATTACHMENT B)	<b>Motion By: Kathy</b> <b>To approve the minutes as amended.</b> <b>Second By: Dave Cullen</b>  <b>Vote: Unanimously Approved</b>
<b>V. Reports of Committee Members (con't)</b>	C. Office of EMS 1. DED-Warren a. DED Receptionist Position still open. b. NEMSES Draft 2 now posted to the web. i. Comments are being solicited. ii. Final Draft will go to NHTSA September 2008. iii. National Registry has proposed stopping testing current EMT-B standards by August 2009. iv. How do we incorporate this into the current EMT-Instructors? a. Depending on what the new Standards contain, current Instructors that are EMT-B certified may not be qualified to teach the new standards. v. Kathy Eubank expressed concern at the implication that all classes should be done in the college environment. vi. Atlantic EMS Council-Warren is hoping to have them create a Regional Curriculum amongst member states to standardize the training at the BLS level. c. Symposium i. 1700 Attendees ii. 290+ Classes iii. Some classes were canceled based on enrollment numbers a. Transition Classes-Contact Tom Nevetral iv. Virginia's Symposium ranks high in quality of offerings compared to	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>others around the country.</p> <p>d. HJR 743</p> <ul style="list-style-type: none"> <li>i. Incentives for recruitment/retention of volunteer Fire &amp; EMS areas of interest include: <ul style="list-style-type: none"> <li>a. VOLSAP</li> <li>b. Tuition funding</li> </ul> </li> <li>ii. Anything with money-stream must have financing tied to it</li> <li>iii. Office is looking to add outcome measures on the funding</li> </ul> <p>2. ALS Training Specialist-Tom Nevetral</p> <ul style="list-style-type: none"> <li>a. NREMT- <ul style="list-style-type: none"> <li>i. Process in place for VA EMT interested in obtaining NREMT-B Certification.</li> <li>ii. Complete form posted on our website and submit with copy of current CPR card.</li> <li>iii. Holly Frost-Detailed results on failures are now available on the web for the coordinators.</li> </ul> </li> <li>b. NREMT Computer Based Testing/Computer Adaptive Testing- <ul style="list-style-type: none"> <li>i. We are seeing results posted in 4-8 hours.</li> <li>ii. New Pearson Vue Test Centers have been added.</li> <li>iii. If you or your students are having poor service from Pearson Vue, notify Heidi Erb at the National Registry.</li> </ul> </li> <li>c. National Scope of Practice Impact Committee <ul style="list-style-type: none"> <li>i. Ad-hoc committee of Medical Direction Committee.</li> <li>ii. Survey out to a small sampling to determine if it meets the needs and once tweaked will be sent out to 14,000+ providers via e-mail.</li> <li>iii. Currently appears that the physicians are split on implementation of Scope.</li> <li>iv. We are planning a discussion of the Scope of Practice at ALS Coordinators meeting at Symposium.</li> </ul> </li> </ul>	
<p>Break for Lunch 12:13pm Reconvene at 12:45pm</p>		
	<p>3. BLS Training Specialist-Greg Neiman</p> <ul style="list-style-type: none"> <li>a. Instructor Updates <ul style="list-style-type: none"> <li>i. BREMS-July</li> <li>iii. LFEMSC-August</li> <li>iv. REMS-September</li> <li>v. VAVRS-September</li> <li>vi. NOVA-October 20<sup>th</sup></li> <li>vii. Symposium</li> <li>viii. 2008 Schedule out. After 2 years of traveling to every council at least</li> </ul> </li> </ul>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>once (some twice) we will only have 5 Instructor Updates next year:</p> <ul style="list-style-type: none"> <li>a. ODEMSA-March 8<sup>th</sup> 6pm-10pm – TBD.</li> <li>b. WVEMS-June 14<sup>th</sup> 9am-1pm – Virginia Tech.</li> <li>c. VAVRS-September 27<sup>th</sup> 9am-1pm – VA Beach.</li> <li>d. NOVA-October 11<sup>th</sup> 9am-1pm – Fairfax Co.</li> <li>e. Symposium-November 15<sup>th</sup> 8:30am-12pm – Norfolk.</li> </ul> <p>ix. To offset the reduced dates DED is planning to put the Update on the Web, probably through TrainVA.</p> <ul style="list-style-type: none"> <li>b. Instructor Institute <ul style="list-style-type: none"> <li>i. Next date October 13-17<sup>th</sup> in the Winchester Area.</li> <li>ii. Next Instructor Practical Exam is December 1, 2007</li> <li>iii. Next Institute-end of January, 2008</li> </ul> </li> <li>c. Survey of Providers-(<b>ATTACHMENT C</b>)</li> </ul> <p>4. Funding and Accreditation – Chad Blosser</p> <ul style="list-style-type: none"> <li>a. ALSTF (<b>ATTACHMENT D</b>)</li> <li>b. Accreditation (<b>ATTACHMENT E</b>)</li> <li>c. Sim-baby Update – almost all Sim-babies have been distributed. This year the Office purchased computerized IV Trainers for all accredited programs and distribution is ongoing.</li> <li>d. TrainVirginia (<b>ATTACHMENT F</b>)</li> </ul> <p>5. Regulations – Michael Berg</p> <ul style="list-style-type: none"> <li>a. Financial Assistance and EMS Council Designation Regulations are still in the Governor’s Office.</li> <li>b. Notice of Intended Regulatory Action (NOIRA) signed by Governor’s Office on Regulation Changes.</li> <li>c. New Training Regulations have been reviewed and returned by AG’s Office, will be working with DED on the recommended revisions.</li> <li>d. Plan to hold five (5) Public Hearings to solicit comments on the new regulations around the Commonwealth.</li> <li>e. Board of Health meeting on October 19<sup>th</sup> <ul style="list-style-type: none"> <li>i. Update of State EMS Plan every 3 years</li> <li>ii. NOIRA on DDNR to clean up language</li> </ul> </li> <li>f. Oversight of Consolidated Testing is moving from Regulation &amp; Compliance to Training once the position can be hired.</li> </ul> <p>6. Regional Council Study-Greg Neiman</p> <p>7. Grants/Rescue Squad Assistance Fund (RSAF)-Amanda Davis</p> <ul style="list-style-type: none"> <li>a. Homeland Security Grant was approved for 1.39 Million Dollars for a web-based PPCR project.</li> <li>b. Pursuing a 4.5 Million PSAR Grant</li> </ul>	



Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	c. 2007 Fall RSAF-Online submission i. \$8.2 million was requested but only have \$4.5 million to distribute. ii. Salaries are not prohibited in the new regulations so Financial Assistance Review Committee (FARC) is considering requests. a. Should there be certain criteria imposed on salary requests? d. Next FARC meeting on Thursday, November 8 <sup>th</sup> at Symposium.	
<b>VI. Reports of Pilot Programs</b>	A. Competency Based EMT-( <b>ATTACHMENT G</b> ) 1. PWC 2. Roanoke Valley Regional Fire Training Center 3. JSRCC-Hanover County 4. Tidewater Community College-No Report B. Rural Competency Based EMT-B Pilot 1. Connie Purvis: Class has begun 15 students enrolled 2. Gary Dalton: No class offered to date. 3. Steve Puckett – Only 1 class done back in spring 4. Delbert Garrett-No class offered to date 5. Monique Dixon-No class offered to date	
<b>VII. Ad-hoc Committees</b>	A. Intermediate Curriculum Review-No report B. BLS Curriculum Update Committee ( <b>ATTACHMENT H</b> )  C. BLS Certification Evaluator Committee-No report, waiting on Test Committee, planning a future joint committee meeting. D. EMS Instructor Credentialing Committee-No Report E. BLS Certification Test Committee – Attached is the working list of proposed practical stations. It is not final and is not being brought forward as a formal proposal at this time. For Information Purposes <b>ONLY</b> Not a final Document – Do not Cite or Quote ( <b>ATTACHMENT I</b> )	<b>Motion by: Committee</b> <b>To accept these updates to the EMT-Basic curriculum to be presented to MDC</b> <b>Vote: Unanimous</b>
<b>VIII. Previous Business</b>	None	
<b>IX. New Business</b>	A. Medical Directions Committee (MDC) request regarding Enhanced Curriculum Change-Tom Nevetral	<b>Motion by: Kathy Eubank</b> <b>To table making a recommendation back to MDC until we receive from the Office of EMS the estimated time frames required to teach these changes.</b> <b>Second by: Billy Altman</b> <b>Vote Unanimous</b>
	B. Committee Membership-The Committee is required to have a licensed Physician as a member. The Office will approach the Medical Direction Committee and request a representative be appointed from	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	their committee since we have had such a close working relationship in the past.	
	C. Other New Business-None	
<b>X. Public Comment</b>	None	
<b>XI. Dates for 2007 Meetings</b>	<del>January 10, 2007</del> <del>April 11, 2007</del> <del>July 11, 2007</del> <del>October 11, 2007</del>	
<b>XII. Set Dates for 2008 Meetings</b>	January 9, 2008 April 9, 2008 July 9, 2008 October 8, 2008	
<b>XIII. Adjourn</b>	The meeting was adjourned at 3:15pm	

**Attachment A:  
October 10, 2007 PDC Minutes**

**Meeting Agenda  
October 10, 2007**



# COMMONWEALTH of VIRGINIA

Robert B. Stroube, M.D. M.P.H.  
State Health Commissioner

Gary R. Brown  
Director

P. Scott Winston  
Assistant Director

## *Department of Health Office of Emergency Medical Services*

Professional Development Committee  
Wednesday, October 10, 2007  
Marriott West - Innsbrook  
10:30 AM  
Agenda

109 Governor Street Suite UB-55  
Richmond, VA 23219  
1-800-523-6019 (VA only)  
804-864-7600  
FAX: 804-864-7580

- I. Welcome**
- II. Introductions**
- III. Approval of Minutes from July 11, 2007**
- IV. Reports of Committee Members**
  - a. Officer Reports
  - b. Reports of Committee Members
  - c. Office of EMS
    - i. Division of Educational Development-Warren Short, OEMS
      - 1.
      - 2.
    - ii. ALS Training Specialist- Tom Nevetral, OEMS
      - 1.
      - 2.
      - 3.
    - iii. BLS Training Specialist-Greg Neiman, OEMS
      - 1. EMS Instructor Updates
      - 2. EMS Instructor Institute
      - 3. Survey of Providers
    - iv. Funding and Accreditation-Chad Blosser, OEMS
      - 1. ALSTF
      - 2. BLS
      - 3. Accreditation Update
      - 4. Sim-baby Update
    - v. Regulations-
    - vi. Regional Council Study-Tim Perkins
- V. Reports of Pilot Programs**
  - a. Competency Based EMT-B Program Pilot
    - i. Prince William County- Lt. Thomas Jarman
    - ii. Roanoke Valley Regional Fire Training Center-Dave Hoback
    - iii. JSRCC-Hanover County- B. Chief Wayne Woo
    - iv. TCC- Lorna Ramsey

(over)



- b. Rural Competency Based EMT-B Pilot
  - i. Connie Purvis
  - ii. Gary Dalton
  - iii. Steve Puckett
  - iv. Delbert Garrett
  - v. Monique Dixon

**VI. Ad Hoc Committee Reports**

- a. Intermediate Curriculum Review-No Report
- b. BLS Curriculum Review – Linda Johnson-Chair
- c. BLS Certification Evaluators Committee-Linda Johnson-Chair
- d. EMS Instructor Credentialing – Nick Kleminko-Chair
- e. BLS Certification Test Committee-Jeff Reynolds-Chair

**VII. Previous Agenda Items-NONE**

**VIII. Agenda Items**

- a. MDC request regarding Enhanced Curriculum Change-Tom Nevetral
- b. Committee Membership

**IX. Public Comment**

**X. Dates for 2007 Meetings**

- a. ~~January 10, 2007~~
- b. ~~April 11, 2007~~
- c. ~~July 11, 2007~~
- d. ~~October 10, 2007~~

**XI. Set Dates for 2008 Meetings**

**XII. Adjourn**

**Attachment B:**  
**October 10, 2007 PDC Minutes**

**Meeting Minutes**  
**PDC-July 11, 2007**

**Professional Development Committee**  
**Marriott West - Richmond, Virginia**  
**July 11, 2007**  
**10:30 a.m.**

Members Present:	Members Absent:	Staff:		Others:
Dr. James Dudley-Chair	Billy Altman-Excused	Scott Winston	Mary Kathryn Allen	Teresa Ashcraft
Holly Frost	Randy Abernathy	Chris Corbin	Marcia Pescitani	Helen Nelson
Linda Johnson		Warren Short	Tom Olander	Thomas Jarman
Dave Cullen		Greg Neiman	Mary Peyton Miller	Dr. Ace Ernst
Dana Helmick			Linda Harris	Joseph Melvin
Nick Klimenko			Kester F. Dingus	Mike Forbes
Kathy Eubank			Shawn Carpenter	Heidi Hooker
Jeffrey Reynolds			Bobby Baker	Holly Sturdevant
			Jon Blank	Deborah T. Akers

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Welcome</b>	The meeting was called to order at 10:32	
<b>II. Introductions</b>	The members of the Committee introduced themselves	
<b>III. Approve Previous Minutes</b>	The Committee reviewed the Minutes of the January 10, 2007 meeting ( <b>ATTACHMENT A</b> )	<b>Motion by: Kathy Eubank</b> <b>To accept the minutes as presented</b> <b>Seconded by: Dave Cullen</b>  <b>Vote Unanimous</b>
<b>IV. Reports of Committee Members</b>	a. Officer Reports-None b. Reports of Committee Members-None c. Office of EMS <ol style="list-style-type: none"> <li>i. DED-Warren Short               <ol style="list-style-type: none"> <li>1. Staff – Tamika Abercrombie was hired to replace Norma Howard, however she just submitted her resignation so we will</li> </ol> </li> </ol>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>begin the process to fill the position again.</p> <p>2. Education Standards: <a href="http://www.nemsed.org">www.nemsed.org</a></p> <p>a. New Standards are out for review</p> <p>b. Deadline for comment is July 31, 2007</p> <p>ii. ALS Training Specialist-Warren Short</p> <p>1. NREMT Computer Testing-Up and running. Had a few glitches at the start.</p> <p>2. ALS-C Seminar-ALS-C Meeting 7/20/07, Seminar 7/21/07</p> <p>3. NREMT-B Form/Process – Form is on our webpage. Must be certified in Virginia in order to be approved to take the NREMT-B exam</p> <p>iii. BLS Training Specialist-Greg Neiman</p> <p>1. EMS Instructor Updates-June update in WEMSC, July 14, 2007 in BREMS, August 4, 2007 in LFEMSC</p> <p>2. EMS Instructor Institute-1 full session June 9-13, 2007, FI admin session June 25 &amp; 26, 2007 – 24 total new Instructors</p> <p>3. Survey of Providers-only 48 responses since March, 2007</p> <p>iv. Funding and Accreditation-Warren Short</p> <p>1. ALSTF-See Report (<b>ATTACHMENT B</b>)</p> <p>2. BLS-Contract still under review</p> <p>3. Accreditation Update-See Report (<b>ATTACHMENT C</b>)</p> <p>4. Sim-baby Update-Almost all have been distributed. The Office is purchasing the new IV Simulators for all Accredited Programs</p> <p>v. Regulations-No changes since last meeting</p> <p>vi. Regional Council Study-ASMI has requested and received an extension to complete a review of OEMS Documentation. The Office expects a preliminary report at any time and the report is expected to be released at the next Governor's Advisory Board meeting.</p>	<p><b>PDC is charging the Office to review the process and determine the best way to increase survey respondents.</b></p>
<b>V. Reports of Pilot Programs</b>	<p>a. Competency Based EMT-B Program Pilot (<b>ATTACHMENT D</b>)</p> <p>i. Prince William County-Capt. Thomas Jarman – See Report (<b>ATTACHMENT E</b>)</p> <p>ii. Roanoke Valley Regional Fire Training Center-Jonathon Blank - Last class 7 enrolled, 7 passed 1<sup>st</sup> time State Test</p> <p>iii. JSRCC-Hanover County-Mary Peyton Miller – Last class 11 students, 1 was not allowed to test. 3 passed 1<sup>st</sup> time, 2 groups failed</p> <p>iv. TCC-Helen Nelson – Numbers are still coming in. Higher overall NR scores have been seen</p>	





Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>c. Revised Competencies</p> <p>Discussion. The recommended changes have come about after almost 1 year of Pilot Classes</p> <p>d. Committee Membership-5 positions on the committee are expiring. The Office will be contacting the sponsoring organizations to determine if the current representatives will be re-appointed or to solicit 2-3 names for consideration.</p>	<p><b>Motion by the Pilot Steering Subcommittee</b>  <b>To revise the minimum competency list as recommended (ATTACHMENT G)</b>  <b>No Second Required</b></p> <p><b>Vote: Unanimously Passed</b></p>
<b>IX. PUBLIC COMMENT</b>	<p>Dr. Dudley advised he may be asked to serve as MDC chair and if so will leave the PDC. If that happens, the Chair of the Governor's Advisory Board will appoint a new Chair for PDC</p> <p>Holly Frost requested that CTS changes occur only at regular specified times, such as January 1 and/or July 1 rather than when they are approved.</p> <p>Scott Winston indicated that the Office has been discussing where CTS should lie within the office.</p> <p>Nick Klimenko expressed a concern about an out of state NR Paramedic testing candidate that had been approved for Practical Testing without having registered with the NR. No one else had the same experience and Nick will contact Tom Nevetral for follow-up.</p>	
<b>X. ADJOURNMENT</b>	The Committee Adjourned at 1:09 p.m.	

**Attachment C:  
October 10, 2007 PDC Minutes**

**Survey of Providers  
At Test Sites-Results**

Warren Short, Jr, **zPro Subscriber**[Home](#)[Create Survey](#)[My Surveys](#)[My Contacts](#)[Support/Help](#) | [My Account](#) | [Log Out](#)

## Test Candidate Survey 3-2007

[Edit & Review](#)[Invite & Deploy](#)[Analyze Results](#)[Results](#)[» Individual Responses](#)[» Raw Data Export](#)

### Results Overview

Filter: No filter applied

[Print](#) | [Excel Export](#)

#### Reports

**View Report:**

Results Overview

[New Cross Tab Report](#)

#### Filters

[New Filter](#)

#### Options

**Show Responses:**

Completes

### Test Candidate Survey 3-2007

**Survey Status:** Active  
N/A

Launched: 3/2/2007 1:06 PM

Closed:

**Email Invites:** 0**Visits:**  
74**Partials:**  
0**Completes:** 59 (Does not include blank responses)

Image



#### Survey Coach

- » [Learn how to use filters](#)
- » [View a demo of reporting](#)

The Office of EMS is conducting a survey of candidates who have just completed an initial (basic) program leading to a new level of certification. This survey is intended to assist ad hoc committees of the Professional Development and Medical Direction Committees investigate methods to improve EMS education. The Committee members and the Office of EMS appreciate you taking time to complete this survey. Your participation is voluntary. Your responses will remain anonymous.



#### 1. At what level of certification did you test?

First Responder		1	2%
EMT		48	81%
Enhanced		5	8%
Intermediate		3	5%
Paramedic		2	3%
<b>Total</b>		<b>59</b>	<b>100%</b>



#### 2. How long have you been in EMS?

I am not in 13 27%









## EMS

0-5 years		35	71%
6-10 years		1	2%
10-15 years		0	0%
≥ 16 years		0	0%
Total		49	100%



## 3. What is your gender?

Female		21	43%
Male		28	57%



## 4. In what month did you test?

January		0	0%
February		0	0%
March		1	2%
April		14	29%
May		15	31%
June		11	22%
July		3	6%
August		1	2%
September		3	6%
October		0	0%
November		1	2%
December		0	0%
Total		49	100%

## 5. Are you completing this survey:



Before you have received your final results		41	84%
After you have received your final results		8	16%
Total		49	100%

**6.** Do you know who the course coordinator for your EMS educational program was?



Yes		40	85%
No		7	15%
Total		47	100%

View 35 Responses



**7.** Do you know who the physician course director for your program was?

Yes		20	41%
No		29	59%
Total		49	100%

**8.** Did you meet your programs physician course director?


Yes		9	19%
No		39	81%
Total		48	100%

**9.** Did your program's coordinator teach the entire LECTURE portion alone or did the coordinator have assistants?




Taught the lecture portion of the program alone (by themselves)		14	30%
The coordinator had assistants for the LECTURE portion of this program.		33	70%
Total		47	100%

**10.** Were any of your class sessions cancelled because your lead or substitute instructor did not show up?

Yes		2	4%
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No		46	96%
Total		48	100%

**11.** How many class sessions were cancelled because your lead or substitute instructor did not show up?

N/A		44	92%
1		2	4%
2		0	0%
3		0	0%
4 or more		2	4%
Total		48	100%


**12.** Your instructors were on time for the lecture aspect of the program what percentage of the time?




0% - 10%		1	2%
11% - 25%		0	0%
26% - 50%		2	4%
51% - 75%		2	4%
≥ 76%		43	90%
Total		48	100%

**13.** Estimate the number of lab sessions (practical skills sessions) conducted for the program.



0 - 5		4	8%
6 - 10		8	17%
11 - 15		11	23%
16 - 20		10	21%
≥ 21		15	31%

**14.** During your lab sessions (practical skills sessions) what was the approximate average group size?




1 - 6 students per instructor		38	81%
7 - 12 students		5	11%

per instructor			
13 – 18 students per instructor		3	6%
19 – 24 students per instructor		0	0%
≥ 25 students per instructor		1	2%
<b>Total</b>		<b>47</b>	<b>100%</b>




**15.** Were any of your lab sessions (practical skill sessions) cancelled because your lead or substitute instructor did not show up?

Yes		2	4%
No		46	96%
<b>Total</b>		<b>48</b>	<b>100%</b>

**16.** How many class sessions were cancelled because your lead or substitute instructor did not show up?

N/A		46	96%
1		1	2%
2		0	0%
3		0	0%
4 or more		1	2%
<b>Total</b>		<b>48</b>	<b>100%</b>



**17.** Your instructors were on time for the practical aspect of the program what percentage of the time?

0% - 10%		1	2%
11% - 25%		0	0%
26% - 50%		0	0%
51% - 75%		4	9%
≥ 76%		42	89%
<b>Total</b>		<b>47</b>	<b>100%</b>



First Responder and EMT Candidates, did you get to actually practice the following (not just watch but actually participate)?



**18.** Setting up and administering oxygen using a non-rebreathing mask

Yes		47	98%
No		1	2%
Total		48	100%


**19.** Approximately how many times:

0		0	0%
1-3		6	13%
4-6		10	21%
7-10		10	21%
≥ 11		21	45%
Total		47	100%



**20.** Setting up and administering oxygen using a nasal cannula

Yes		41	85%
No		7	15%
Total		48	100%

**21.** Approximately how many times:

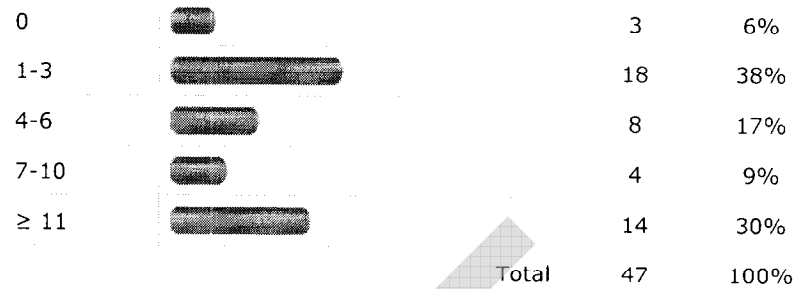
0		6	13%
1-3		20	43%
4-6		6	13%
7-10		3	6%
≥ 11		12	26%
Total		47	100%

**22.** Inserting an oropharyngeal airway into an airway manikin

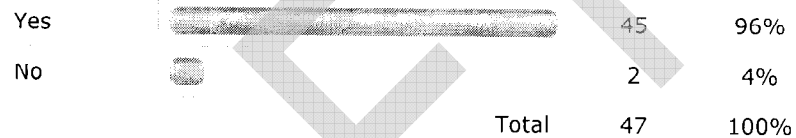
Yes		44	92%
No		4	8%

Total 48 100%

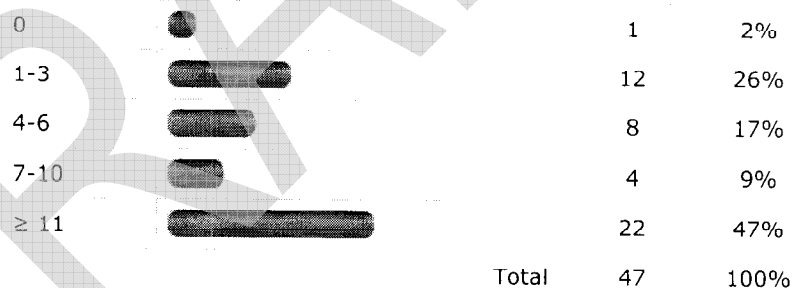
**23.** Approximately how many times:



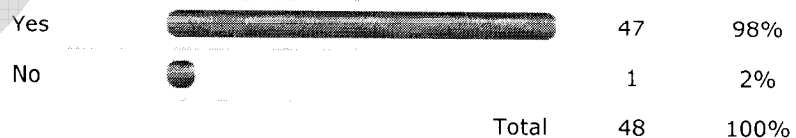
**24.** Using a Bag Valve Mask and delivering ventilations to an airway manikin



**25.** Approximately how many times:



**26.** Applying and securing a person to a backboard and applying a cervical collar.





**27.** Approximately how many times:



≥ 11		35	74%
Total		47	100%



**28.** Applying and securing a person to a short spinal immobilization device (KED or similar device)

Yes		45	94%
No		3	6%
Total		48	100%






**29.** Approximately how many times:

0		2	4%
1-3		10	21%
4-6		15	32%
7-10		3	6%
≥ 11		17	36%
Total		47	100%



**30.** Applying rigid board splints to an extremity

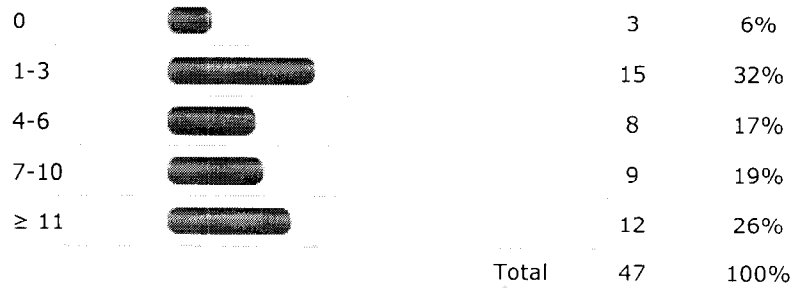
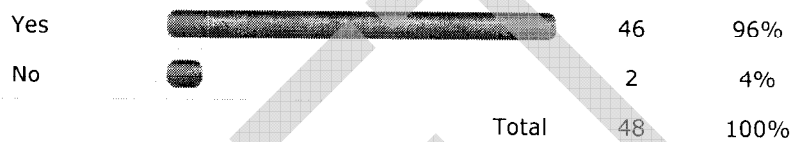
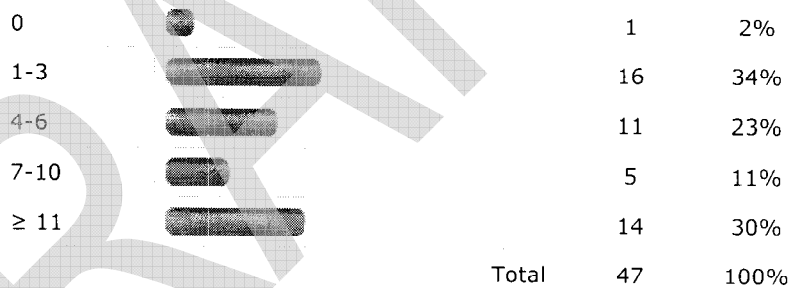
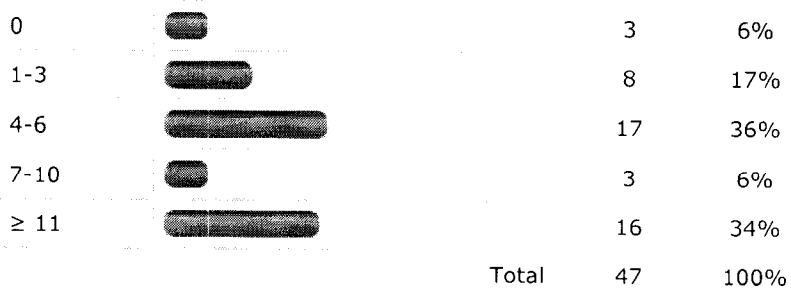
Yes		47	98%
No		1	2%
Total		48	100%

**31.** Approximately how many times:

0		0	0%
1-3		12	26%
4-6		13	28%
7-10		7	15%
≥ 11		14	30%
Total		46	100%

**32.** Applying a traction splint

Yes		42	91%
No		4	9%
Total		46	100%

**33.** Approximately how many times:**34.** Using an epi-pen**35.** Approximately how many times:**36.** Administering sub-lingual nitroglycerin (simulated)**37.** Approximately how many times:



**38. Administering and using a training metered dose inhaler**

Yes		42	88%
No		6	12%
Total		48	100%






**39. Approximately how many times:**

0		5	11%
1-3		13	28%
4-6		9	19%
7-10		7	15%
≥ 11		13	28%
Total		47	100%



**40. Applying and using an AED**

Yes		45	94%
No		3	6%
Total		48	100%






**41. Approximately how many times:**

0		2	4%
1-3		16	34%
4-6		11	23%
7-10		3	6%
≥ 11		15	32%
Total		47	100%



**42. Practice performing a medical assessment**

Yes		45	96%
No		2	4%
Total		47	100%

**43. Approximately how many times:**

0		1	2%
1-3		3	6%
4-6		4	9%
7-10		7	15%
≥ 11		32	68%
Total		47	100%

**44.** Practice performing a trauma assessment



Yes		47	98%
No		1	2%
Total		48	100%

**45.** Approximately how many times:




0		0	0%
1-3		2	4%
4-6		4	9%
7-10		7	15%
≥ 11		34	72%
Total		47	100%

The following pertain to your clinical experience (both hospital and field)

**46.** Were you given information in class about how the clinical aspect of the program would be conducted?

Yes		45	94%
No		3	6%
Total		48	100%

**47.** Did you do your 10 hours of clinical time:

In the hospital		8	17%
On an ambulance		29	60%
A combination of both		9	19%

hospital and  
ambulance

I did not do  
10 hours of  
clinical time



2 4%

Total 48 100%

**48.** Were you able to actually participate in patient care during your clinical experience?

Yes



43 90%

No



5 10%

Total 48 100%

**49.** Did your preceptors provide feedback on your clinical performance?

Yes



40 83%

No



8 17%

Total 48 100%

**50.** Overall, do you believe the program was:

Too short.



6 12%

Too long.



5 10%

About the  
right  
length



37 77%

Total 48 100%

This ends the survey for EMT candidates. Thank you for taking time to complete this survey.

**51.** How long have you been in EMS?

I am not in  
EMS

0 0%

0-5 years



3 60%

6-10 years



2 40%

10-15  
years

0 0%

≥ 16 years




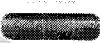
0 0%

Total 5 100%



**52.** What is your gender?

Female		2	40%
Male		3	60%


**53.** In what month did you test?

January		1	20%
February		0	0%
March		0	0%
April		0	0%
May		1	20%
June		0	0%
July		0	0%
August		2	40%
September		1	20%
October		0	0%
November		0	0%
December		0	0%
Total		5	100%

**54.** Are you completing this survey:

Before you have received your final results		4	80%
After you have received your final results		1	20%
Total		5	100%


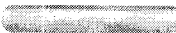
**55.** Do you know who the course coordinator for your EMS educational program was?

Yes		5	100%
No		0	0%
Total		5	100%





View 4 Responses



**56.** Do you know who the physician course director for your program was?

Yes		3	60%
No		2	40%
Total		5	100%



**57.** Did you meet your programs physician course director?

Yes		1	20%
No		4	80%
Total		5	100%

**58.** Did your program's coordinator teach the entire LECTURE portion alone or did the coordinator have assistants?

Taught the lecture portion of the program alone (by themselves)		2	40%
The coordinator had assistants for the LECTURE portion of this program.		3	60%
Total		5	100%

**59.** Were any of your class sessions cancelled because your lead or substitute instructor did not show up?

Yes		1	20%
No		4	80%
Total		5	100%

**60.** How many class sessions were cancelled because your lead or substitute instructor did not show up?

N/A		4	80%
-----	--	---	-----

1	0	0%
2	1	20%
3	0	0%
4 or more	0	0%
Total	5	100%

**61.** Your instructors were on time for the lecture aspect of the program what percentage of the time?

0% - 10%	1	20%
11% - 25%	0	0%
26% - 50%	0	0%
51% - 75%	0	0%
≥ 76%	4	80%
Total	5	100%

**62.** Estimate the number of lab sessions (practical skills sessions) conducted for the program.



0 - 5	0	0%
6 - 10	3	60%
11 - 15	0	0%
16 - 20	0	0%
≥ 21	2	40%
Total	5	100%

**63.** During your lab sessions (practical skills sessions) what was the approximate average group size?



1 - 6 students per instructor	4	80%
7 - 12 students per instructor	0	0%
13 - 18 students per instructor	0	0%
19 - 24 students		

per instructor		0	0%
≥ 25 students per instructor		1	20%
Total		5	100%



**64.** Were any of your lab sessions (practical skill sessions) cancelled because your lead or substitute instructor did not show up?

Yes		1	20%
No		4	80%
Total		5	100%

**65.** How many class sessions were cancelled because your lead or substitute instructor did not show up?


N/A		4	80%
1		0	0%
2		0	0%
3		1	20%
4 or more		0	0%
Total		5	100%

**66.** Your instructors were on time for the practical aspect of the program what percentage of the time?

0% - 10%		1	20%
11% - 25%		0	0%
26% - 50%		0	0%
51% - 75%		0	0%
≥ 76%		4	80%
Total		5	100%

For ALS Candidates, did you get to actually practice the following (not just watch but actually participate) in the following?


**67.** Inserting a multilumen airway into an airway manikin (Combi-

tube or similar device)			
Yes		5	100%
No		0	0%
Total		5	100%




**68.** Approximately how many times:

0		0	0%
1-3		1	20%
4-6		1	20%
7-10		2	40%
≥ 11		1	20%
Total		5	100%


**69.** Using a Bag Valve Mask and delivering ventilations to an airway manikin

Yes		5	100%
No		0	0%
Total		5	100%

**70.** Approximately how many times:




0		0	0%
1-3		0	0%
4-6		1	20%
7-10		1	20%
≥ 11		3	60%
Total		5	100%

**71.** Setting up, inserting and evaluating for placement an endotracheal tube



Yes		5	100%
No		0	0%
Total		5	100%

**72.** Approximately how many times:



0		0	0%
---	--	---	----

1-3		1	20%
4-6		0	0%
7-10		1	20%
≥ 11		3	60%
Total		5	100%



**73.** Applying and securing an intravenous line on a manikin

Yes		5	100%
No		0	0%
Total		5	100%






**74.** Approximately how many times:

0		0	0%
1-3		0	0%
4-6		1	20%
7-10		3	60%
≥ 11		1	20%
Total		5	100%

**75.** Administering medication in a lab setting (not clinical)


Yes		5	100%
No		0	0%
Total		5	100%

**76.** Approximately how many times:




0		0	0%
1-3		2	40%
4-6		1	20%
7-10		1	20%
≥ 11		1	20%
Total		5	100%

**77.** Practice performing a medical assessment


5 100%

Yes			
No		0	0%
Total		5	100%

**78.** Approximately how many times:

0		0	0%
1-3		1	20%
4-6		0	0%
7-10		1	20%
≥ 11		3	60%
Total		5	100%

**79.** Practice performing a trauma assessment


Yes		5	100%
No		0	0%
Total		5	100%

**80.** Approximately how many times:

0		0	0%
1-3		1	20%
4-6		0	0%
7-10		1	20%
≥ 11		3	60%
Total		5	100%



The following pertain to your clinical experience (both hospital and field)

**81.** Were you given information in class about how the clinical aspect of the program would be conducted?



Yes		5	100%
No		0	0%
Total		5	100%

Were you able to actually participate in patient care during



**82.** your clinical experience?

Yes		5	100%
No		0	0%
Total		5	100%




**83.** Did your preceptor on the ambulance allow you to perform ALS skills?

Yes		4	80%
No		1	20%
Total		5	100%






**84.** Did your preceptors on the ambulance critique your field performance?

Yes		5	100%
No		0	0%
Total		5	100%

**85.** Overall, do you believe the program was too long?

Too short		3	60%
Too long		0	0%
About the right length		2	40%
Total		5	100%

**86.** How long have you been in EMS?













I am not in EMS		0	0%
0-5 years		1	20%
6-10 years		3	60%
10-15 years		1	20%
≥ 16 years		0	0%
Total		5	100%

**87.** What is your gender?



Female		0	0%
--------	---	---	----

Male		5	100%
------	--	---	------



**88.** In what month did you test?

January		0	0%
February		0	0%
March		0	0%
April		0	0%
May		2	40%
June		1	20%
July		0	0%
August		1	20%
September		1	20%
October		0	0%
November		0	0%
December		0	0%
Total		5	100%

**89.** Are you completing this survey:

Before you have received your final results		4	80%
After you have received your final results		1	20%
Total		5	100%

**90.** Do you know who the course coordinator for your EMS educational program was?

Yes		4	80%
No		1	20%
Total		5	100%

[View 2 Responses](#)**91.** Do you know who the physician course director for your program was?



Yes		4	80%
No		1	20%
Total		5	100%

**92.** Did you meet your programs physician course director?

Yes		2	40%
No		3	60%
Total		5	100%

**93.** Did your program's coordinator teach the entire LECTURE portion alone or did the coordinator have assistants?

Taught the lecture portion of the program alone (by themselves)		0	0%
The coordinator had assistants for the LECTURE portion of this program.		5	100%
Total		5	100%

**94.** Were any of your class sessions cancelled because your lead or substitute instructor did not show up?


Yes		0	0%
No		5	100%
Total		5	100%

**95.** How many class sessions were cancelled because your lead or substitute instructor did not show up?

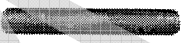
N/A		5	100%
1		0	0%
2		0	0%
3		0	0%
4 or more		0	0%
Total		5	100%

## Total




**96.** Your instructors were on time for the lecture aspect of the program what percentage of the time?

0% - 10%		0	0%
11% - 25%		0	0%
26% - 50%		0	0%
51% - 75%		0	0%
≥ 76%		5	100%
Total		5	100%

**97.** Estimate the number of lab sessions (practical skills sessions) conducted for the program.

0 - 5		0	0%
6 - 10		0	0%
11 - 15		2	40%
16 - 20		1	20%
≥ 21		2	40%
Total		5	100%

**98.** During your lab sessions (practical skills sessions) what was the approximate average group size?

1 - 6 students per instructor		3	60%
7 - 12 students per instructor		1	20%
13 - 18 students per instructor		1	20%
19 - 24 students per instructor		0	0%
≥ 25 students per instructor		0	0%

Total	5	100%
-------	---	------

**99.** Were any of your lab sessions (practical skill sessions) cancelled because your lead or substitute instructor did not show up?

Yes	0	0%
No	5	100%
Total	5	100%

**100.** How many class sessions were cancelled because your lead or substitute instructor did not show up?

N/A	5	100%
1	0	0%
2	0	0%
3	0	0%
4 or more	0	0%
Total	5	100%

**101.** Your instructors were on time for the practical aspect of the program what percentage of the time?






0% - 10%	0	0%
11% - 25%	0	0%
26% - 50%	0	0%
51% - 75%	0	0%
≥ 76%	5	100%
Total	5	100%

For ALS Candidates, did you get to actually practice the following (not just watch but actually participate) in the following?



**102.** Inserting a multilumen airway into an airway manikin (Combi-tube or similar device)

Yes	5	100%
No	0	0%
Total	5	100%


**103.** Approximately how many times:

0		0	0%
1-3		0	0%
4-6		0	0%
7-10		2	40%
≥ 11		3	60%
Total		5	100%



**104.** Using a Bag Valve Mask and delivering ventilations to an airway manikin

Yes		5	100%
No		0	0%
Total		5	100%






**105.** Approximately how many times:

0		0	0%
1-3		0	0%
4-6		0	0%
7-10		0	0%
≥ 11		5	100%
Total		5	100%

**106.** Setting up, inserting and evaluating for placement an endotracheal tube

Yes		5	100%
No		0	0%
Total		5	100%

**107.** Approximately how many times:

0		0	0%
1-3		0	0%
4-6		0	0%
7-10		1	20%
≥ 11		4	80%
Total		5	100%


**108.** Applying and securing an intravenous line on a manikin

Yes		5	100%
No		0	0%
Total		5	100%




**109.** Approximately how many times:

0		0	0%
1-3		0	0%
4-6		0	0%
7-10		1	20%
≥ 11		4	80%
Total		5	100%


**110.** Administering medication in a lab setting (not clinical)

Yes		5	100%
No		0	0%
Total		5	100%

**111.** Approximately how many times:

0		0	0%
1-3		0	0%
4-6		1	20%
7-10		2	40%
≥ 11		2	40%
Total		5	100%

**112.** Applying and securing an ECG monitor

Yes		5	100%
No		0	0%
Total		5	100%

**113.** Approximately how many times:

0		0	0%
1-3		0	0%
4-6		0	0%
7-10		1	20%
≥ 11		4	80%
Total		5	100%

**114.** Applying and using a defibrillator

Yes		5	100%
No		0	0%
Total		5	100%

**115.** Approximately how many times:

0		0	0%
1-3		1	20%
4-6		0	0%
7-10		2	40%
≥ 11		2	40%

**116.** Interpreting ECG rhythm strips


Yes		5	100%
No		0	0%
Total		5	100%

**117.** Approximately how many times:



0		0	0%
1-3		0	0%
4-6		0	0%
7-10		1	20%
≥ 11		4	80%
Total		5	100%

**118.** Practice performing a medical assessment


5 100%

Yes			
No		0	0%
Total		5	100%


**119.** Approximately how many times:

0		0	0%
1-3		0	0%
4-6		0	0%
7-10		1	20%
≥ 11		4	80%
Total		5	100%

**120.** Practice performing a trauma assessment


Yes		5	100%
No		0	0%
Total		5	100%

**121.** Approximately how many times:

0		0	0%
1-3		0	0%
4-6		0	0%
7-10		0	0%
≥ 11		5	100%
Total		5	100%


The following pertain to your clinical experience (both hospital and field)

**122.** Were you given information in class about how the clinical aspect of the program would be conducted?


Yes		5	100%
No		0	0%
Total		5	100%

Were you able to actually participate in patient care during


**123.** your clinical experience?

Yes		5	100%
No		0	0%
Total		5	100%


**124.** Did your preceptor on the ambulance allow you to perform ALS skills?

Yes		5	100%
No		0	0%
Total		5	100%

**125.** Did your preceptors on the ambulance critique your field performance?

Yes		5	100%
No		0	0%
Total		5	100%

**126.** Overall, do you believe the program was too long?

Too short		0	0%
Too long		0	0%
About the right length		5	100%
Total		5	100%



**Attachment D:  
October 10, 2007 PDC Minutes**

**ALS Training Funds  
Report**

# Advanced Life Support Training Funds Summary

As of October 10, 2007





### ALS Training Funds Summary of Expenditures FY08

Training Fund Category	\$ Budgeted	\$ Obligated	\$ Disbursed	Remaining Funds
Accreditation Funding	\$ 110,000.00	\$ 29,000.00	\$ -	\$ 110,000.00
Basic Course Funding	\$ 454,804.00	\$ 1,058,790.00	\$ 226,762.98	\$ 228,041.02
Transition Program Funding	\$ 150,000.00	\$ 158,176.96	\$ 636.56	\$ 149,363.44
Auxiliary Program Funding	\$ 175,000.00	\$ 61,500.00	\$ 45,360.00	\$ 129,640.00
Individual/Organizational Tuition Funding	\$ 100,000.00		\$ 19,550.00	\$ 80,450.00
CE Funding by Planning District	\$ 210,196.00	\$ 63,840.00	\$ 20,965.00	\$ 189,231.00
<b>Grand Total</b>	<b>\$ 1,200,000.00</b>	<b>\$ 1,371,306.96</b>	<b>\$ 313,274.54</b>	<b>\$ 886,725.46</b>

In addition to disbursing more that \$880,000 in grant monies into the field for ALS training programs, the Office was also in a unique position to be able to purchase and distribute Laerdal Virtual IV™ training simulators to all accredited training sites across the Commonwealth.

**Attachment E:  
October 10, 2007 PDC Minutes**

**Accredited Training Sites  
Report**

# Accredited Training Site Directory

As of October 9, 2007





## Accredited Paramedic<sup>1</sup> Training Programs in the Commonwealth

Site Name	Site Number	Expiration	Accreditation Status
Associates in Emergency Care – GMRS	68303	11-2007	National – Initial
Associates in Emergency Care – LFCC	06111	11-2007	National – Initial
Associates in Emergency Care – Stafford	17908	11-2007	National – Initial
Center for Emergency Health Services – Fredericksburg	63013	11-2009	State – Full
Center for Emergency Health Services – Portsmouth	74014	11-2009	State – Full
Center for Emergency Health Services – Richmond	76028	11-2009	State – Full
Center for Emergency Health Services – Williamsburg	83006	11-2009	State – Full
Central Virginia Community College	68006	07-2009	State – Full
J. Sargeant Reynolds Community College – Chesterfield	04107	11-2007	National – Initial
J. Sargeant Reynolds Community College – Colonial Hgts.	57004	11-2007	National – Initial
J. Sargeant Reynolds Community College – Goochland	07504	11-2007	National – Initial
J. Sargeant Reynolds Community College – Hanover	08513	11-2007	National – Initial
J. Sargeant Reynolds Community College – Henrico	08709	11-2007	National – Initial
J. Sargeant Reynolds Community College – RAA	76029	11-2007	National – Initial
Jefferson College of Health Sciences	77007	05-2011	National – Continuing
Loudoun County Fire & Rescue	10704	05-2008	National – Initial
National College of Business & Technology	77512	11-2009	State – Full
Northern Virginia Community College	05906	05-2011	National – Continuing
Patrick Henry Community College	08908	08-2008	State – Conditional
Piedmont Virginia Community College/UVa	54006	11-2008	National – Initial
Southwest Virginia Community College	18507	01-2008	National – Continuing
Tidewater Community College	81016	05-2011	National – Continuing
Tidewater Community College – NNFDTC	70014	05-2011	National – Continuing
VCU School of Medicine Paramedic Program	76011	03-2008	National – Continuing

1. Programs accredited at the Paramedic level may also offer instruction at EMT- I, EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

Legend:  - Community College Main Site

- Private Business Main Site

- Alternate Site

### **Accredited Intermediate<sup>1</sup> Training Programs in the Commonwealth**

Site Name	Site Number	Expiration	Accreditation Status
Central Shenandoah EMS Council Intermediate Program	79001	05-2010	State – Full
John Tyler Community College	04115	02-2008	State – Conditional
Lord Fairfax Community College	06903	06-2007	State – Full
New River Valley Training Center	75004	12-2007	State – Conditional
Norfolk Fire-Rescue	71008	07-2007	State – Full
Franklin County Public Safety Training Center	06705	07-2008	State – Conditional
Old Dominion EMS Alliance	04114	08-2008	State – Conditional
Prince William County Paramedic Program	15312	07-2010	State – Full
Rappahannock Community College – Glenss	11903	07-2011	State – Full
Rappahannock Community College – Warsaw	15904	07-2011	State – Full
Rappahannock EMS Council Intermediate Program	63007	01-2009	State – Full
Roanoke Regional Fire-EMS Training Center	77505	12-2009	State – Full
Southside Rescue Squad	11708	07-2007	State – Full
UVa Prehospital Program	54008	07-2009	State – Full

1. Programs accredited at the Intermediate level may also offer instruction at EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

Legend:  - Community College Main Site  - Private Business Main Site  - Alternate Site

### **EMT-Intermediate Candidate Sites**

Site Name	Site Number	Council	Accreditation Status
Tidewater EMS Council	unassigned	TEMS	Will be submitting a self study in 2007 for the Eastern Shore of Virginia.
Hampton City Fire-Rescue	unassigned	PEMS	Submitted a self study and a site visit has been tentatively scheduled for December 2007.
James City County Fire-Rescue	unassigned	PEMS	Inquired about how to set up a site.

**Coverage:**

Paramedic Programs

	Number of Main Sites	Number of Alternative Sites
VCCS Institutions	7	6
Private Institutions	6	5

Intermediate Programs

	Number of Main Sites	Number of Alternative Sites
VCCS Institutions	3	1
Private Institutions	10	0

***What is OEMS's plan or "next steps" to increase the 92 percent coverage within a 30-mile radius of accredited sites and to increase the number of accredited sites?***

The OEMS Accreditation program is still growing and building on its own—with little or no specific action being taken by the Office. However, the Division of Educational Development continues to market to and educate ALS-Coordination and Regional Councils during each of the EMS Instructor Updates conducted throughout the year [there are 10 updates held per year at a minimum]. The Division continues to encourage participation with the accreditation program whenever and where ever we have an audience.

The Office has recently been in communication with the Tidewater EMS Council and they are planning to submit a self-study sometime during FY08 which will bring training to the Eastern Shore, an area where training is desperately needed. According to our calculations, that will boost the coverage by accredited training sites to 96% of the Commonwealth.



**Attachment F:  
October 10, 2007 PDC Minutes**

**Train VA Information**

## All aboard for TRAINVirginia



All aboard! The Division of Educational Development is pleased to announce the launch of TRAINVirginia, our new Learning Management System (LMS) which allows the Office of EMS to offer web-based Category 1 and Category 2 continuing education credits.

**Before you hand the Conductor your ticket and jump on board the TRAIN, please make sure you read all the fine print on your boarding pass.** So, in order to ensure that your continuing education credit is properly recorded on your CE report, you must understand the rules before you are allowed to board! The Office wants to ensure that you have a positive experience using our new web-based training interface.

First, TRAINVirginia is an express train...in order to use the TRAINVirginia LMS, you **MUST** have broadband internet access. TRAINVirginia will not work with dial-up access and some types of DSL (digital subscriber line) internet access. In order to ensure the best quality video and service from TRAINVirginia, you must have a constant throughput of 384.0 kbps. If you are not sure what your throughput is, please contact your internet service provider.

Second, TRAINVirginia has some very specific software requirements. TRAINVirginia supports both the Windows 2000, Windows XP, and Windows Vista operating systems. And for those die hard Steve Job's fans, only Apple OS X 10.2 or greater is supported. The Internet browsers that are supported by TRAIN are: Internet Explorer 5.5 and higher; Netscape 7.1 and higher; Mozilla 1.3 and higher—Firefox is not currently supported. **NOTE: JavaScript must be enabled, regardless of browser or environment you are using.**

Now that you have the basics, the Office has developed a number of Quick Guides to assist you in setting up an account on TRAIN, logging on to TRAINVirginia, and locating courses. Before you embark on your journey downloading Quick Guides, please take a few seconds and click on the link labeled "Test your browser for compatibility".

Last call, all board! Enjoy your travels.

**Attachment G:  
October 10, 2007 PDC Minutes**

**Competency Based EMT  
Pilot Quarterly Reports**

Prince William County BLS Pilot Program Class 07-02

Prince William County EMS Training

PDC Summary Report

October 10, 2007



# **Prince William County BLS Pilot Program Executive Briefing**

Recruit class 07-02 is our forth Pilot program conducted in the two year program. Although we experienced lower initial pass rates, we fully expect the four retests to be successful.

Several transitions were put into place at the start of the 07-02 recruit class and the pilot program. We experienced a new first time course coordinator, as well as, a complete turnover of the EMS training Academy staff. Yet with all these changes, we were able to maintain a high course participation and success. This included higher participation by non EMT instructors ( 76.8 % of program instruction). Even with these changes around our program, we were able to enjoy a successful program.

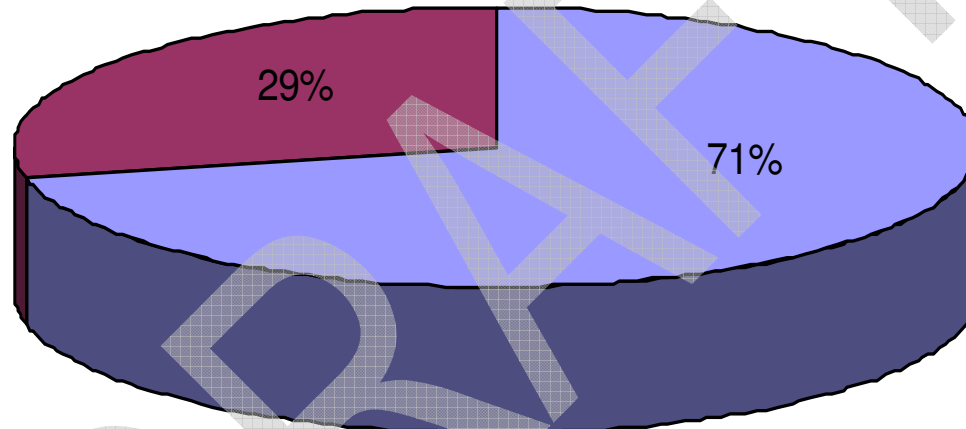
## **Things That Went Well**

- Increased non-EMT instructor involvement
- Increased practical lab application
- Closer ratios as to it relates to student to instructors
- Continued success in evaluatory instructor effectiveness

## **Things to Improve**

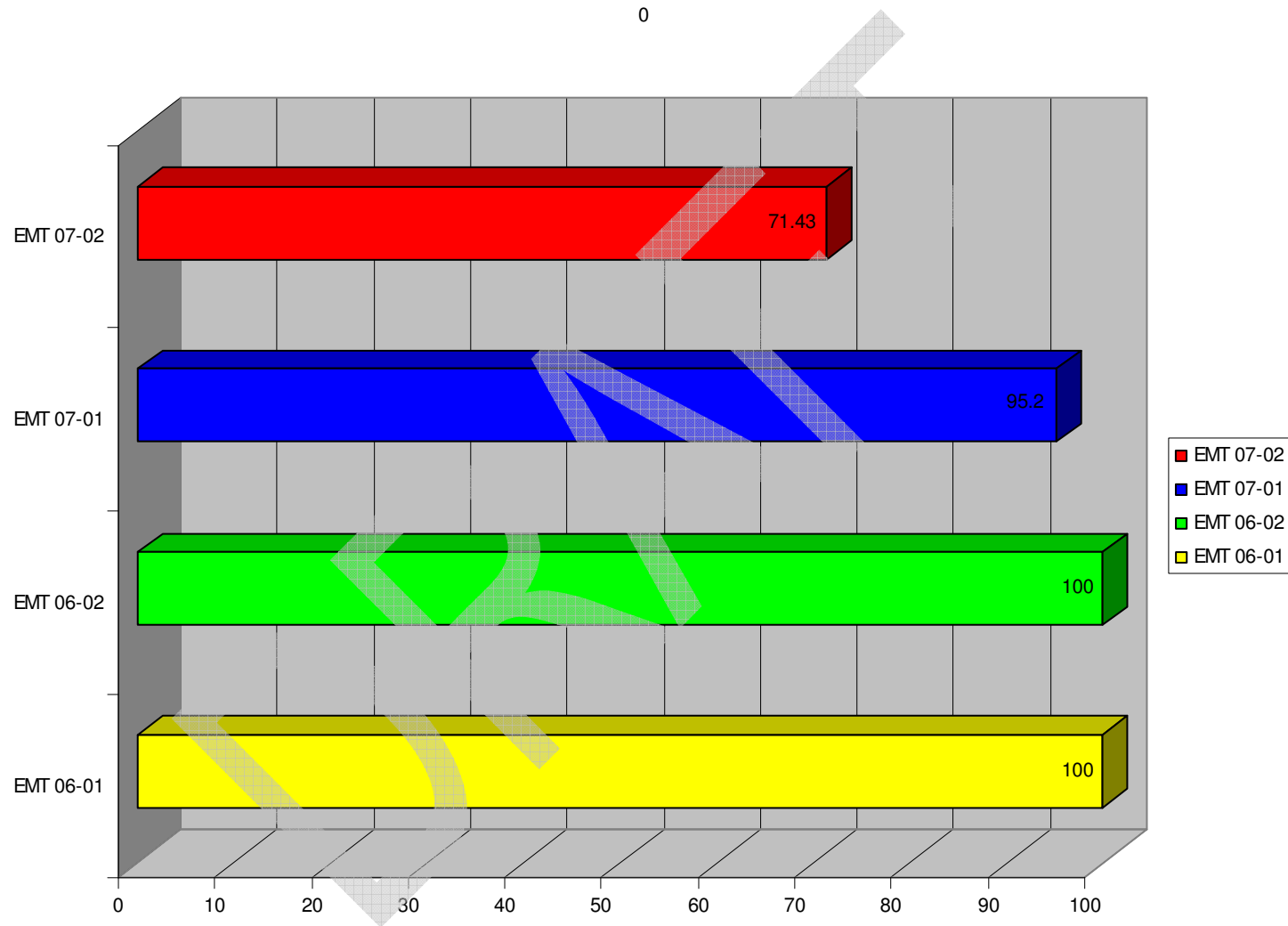
- Continued increase in familiarity and standardization of forms
- Continuation of BLS Pilot Program for the future

## Recruit Class 07-02



■ Pass First Attempt

■ Fail First Attempt



Class name: EMT-B/Recruit Class 07-2  
Class # 07-2  
Location PSA  
Date August 8 – September 13, 2007  
Instructors: Lt. Melvin, Lt. Mirabile

Enrolled: 14 Initial entry/3 refresher/2 Medics

**Evaluation Results:**

Evaluations Received: 19

Instructor Effectiveness =	4.26
Course Information=	4.06
Facilities and Support Services=	4.42
Overall=	4.16

**Comments:**

**Like to see in future training:**

- More hands on with more vocal instructions. Expanding course length.
- Reading materials (text and workbook) should not contradict.
- More time and more practicals. More ride along days.
- More time to do practicals.
- More elaboration on the subject.
- More time.
- Extra day riding on medic / ambulance units.
- More interesting speakers; more continuity of teaching practicals.
- More real life situations
- Each instructor should be on same page. We heard different ways to do the same thing and was told that it was the right way
- More station rotations.

**Best Liked:**

- What I liked the best about the course was to have hands on with practicals.
- The thing I enjoyed most about the course is the available resources and equipment. I think Prince William County has gone above and beyond to provide the best equipment available to simulate scenarios. I also enjoyed the facility. I think the classrooms are set up in a way that is easy to learn both by lecture and visual aids.
- I enjoyed the lectures of Lt. Phillips.
- I liked that we were able to participate in several hours of hands on scenarios. Being able to practice the skills we had been learning helped me to grasp things better and see the big picture of how to apply the skills we learned.
- Practical were my favorite out of the course. They kept me on .....



- All the instructors were helpful and knowledgeable about the course topics. I especially enjoyed Lt. Pumphery's class. She kept us moving, made us think and was very knowledgeable.
- Instructors were extremely knowledgeable \ professional easy to work with, willing to do a lot to help students. Real world experience helped.
- There was adequate time given to practicals. Sometime the rotation was short, but overall plenty of days for hands on. Lt. Phillips, Lt Melvin, Lt Mirabile were great at providing the knowledge for the training.
- Ride along on med units. Testing everyday forced me to study more vigorously.
- Learning how to deliver babies. Learning how to work on mass casualty incidents.
- I liked the hands on time. Practical, trips out of campus and our clinicals were very eye opening. I also like the way days were laid out. I think it's good to do hands on in the afternoon when many peoples attention to lecture begin to fade.
- Learning new material.
- This is a sink or swim programs. The instructors give students more knowledge than is needed to pass the test. The level of intensity forces students to stay motivated and proactive about learning. That the instructors teach the way skills should be performed in the field and not just to pass a test; gets this program in a higher class.
- Practical. We learn best by DOING. The lecture is helpful to an extent, but some lectures can either be shortened or omitted if the information is taught during a practical only. ( e. g. Detailed assessments, Mass Casualty Incidents.
- Readiness of various equipment used and have a chance to use it.
- Training and Practical
- The instructors were the best part. They all had valuable information and really knew the subject matter.
- Interesting material, knowledgeable instructors. Logical progression of chapters.
- The enthusiasm of the instructors helped to make the course more enjoyable and entertaining.

**Least Liked:**

- Long lectures at times.
- There should be more coordination between instructors regarding practices and techniques.
- The length of some of the lectures and how we seemed to be rushed through practicals.
- Some information needed to be explained a little better.
- Room seemed always hot and uncomfortable.

- Inconsistency between the books and instructors. It is hard to learn a technique when the book, workbook, and several all give conflicting information on a topic. The workbook had numerous errors and typos, and sometimes the tests did as well. Yesterday, for example, was the first time we were told that as EMT's; we are not able to administer the Epi-pen. We can only "assist" with it. While the book does state this, we were not told until the day before testing that you have to have the patient's hand on the pen, while administering it. This is just an example of many.
- Although students are given all the information needed to pass the course, it is a very rushed program. There was plenty of time for practicals, but more time to let lecture sink in would have been nice.
- Long lectures
- Although we were allowed plenty of breaks, the lectures ran really long. It would also be helpful if the instructors considered that this is all brand new information to recruits. We don't have years of experience. I would also like more time spent on splinting and immobilization.
- Not enough time to thoroughly go over materials.
- Length of course.
- Tech II Forbes needs more time in a teaching environment. His knowledge of the textbook materials was lacking. Many discrepancies were noted during practicals sessions. The respiratory and cardiac chapters need to be separated. Those two subjects have what I feel is too much information to be taught on the same day. Separation would allow for more of the info to be obtained.
- Fast. Practical could have been specific to what we would be testing on. All instructors were sometimes not on the same page, one says one thing the other said something else.
- Some instruction was dry. Especially when course materials were read directly from slides.
- I disliked the lectures. I enjoyed listening to the instructors, but I didn't like to stare at the slides( bad eyes)
- Some of the bigger more difficult chapters were presented together which made it hard to really digest all that needed to be comprehended( i.e. respiratory and cardiac).
- The uncertainty in protocols or proper procedures. Different ways to do the same thing.
- The thing that I enjoyed least about the course is sometimes receiving inconsistent information. Some instructors would teach it one way and then I would receive different information from other instructor. Not to say that either way was necessarily wrong, but it did prove to be confusing when trying to please the different styles the instructors were looking for.
- What I liked the least about the course is that we didn't have the experience of more than on fire station rotations.

#### **Additional Comments:**

- Having the bags completely stocked and inventory complete before the course begins would be very helpful. Also going over the sheets in the

recruit manual would be helpful to show the recruits where things go and what they look like.

- The course was challenging and taught me a lot about discipline. I thought it was a good way to walk into the dire dept.
- A suggestion that might be helpful in the future is to walk through the skills sheets with the whole class with the lead instructor, so that the class will all be on the same page and understanding.
- It is easier to learn practical material if all instructors are on the same page with how it should be done. I know sometimes it is hard to find people who like or good to teach when the need for instructors arises, but that would help keep things interesting.
- Instructors were very knowledgeable, nice to learn from people with experience.
- The instructors were very good about being patient with students who weren't able to grasp concepts as well as others. I think this played an important role for getting some students through the course.
- I understand time cannot be expected, but some info was just glanced thru. That could have been elaborated more.
- Over all I feel like I absorbed a lot of information
- The quizzes should be geared to assess how well we know the material, not how well we can memorize workbook questions.

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## BLS Pilot Program Report 10-05-07

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1. Please select the name of the institution for which you are submitting a report.

Prince William County Paramedic Program

2. This is my \_\_\_\_\_ program using the initial pilot program standards?

Fourth

3. Has this program ended?

Yes

4. Please complete the following information about the program on which you are reporting:

**Beginning Enrollment**

14

**How many passed the program?**

14

**How many failed the program?**

ATTACHMENT G: PDC October 10, 2007 Minutes

0
<b>How many remain incomplete?</b> 0
<b>How many withdrew during the program?</b> 0

5. Please complete the following information about the certification testing for the program on which you are reporting:
<b>How many passed the state certification examination on the first attempt?</b> 10
<b>How many passed on subsequent attempts?</b> N/A re-testing October 18th, 2007
<b>How did your pass rate for the state certification exam for the pilot program compare to previous programs that you coordinated?</b> Lower pass rate

6. Please complete the following information about the number of hours it took to complete these various aspects of the program on which you are reporting:
<b>How many didactic hours?</b> 90
<b>How many lab hours?</b> 100
<b>How many clinical hours?</b> 20
<b>Total Number of Hours?</b> 210

7. Do you feel the introduction of competencies increased the overall length of your class?
No
8. What percentage of Instructors were not VA Certified EMT Instructors?
81.25

9. Where were your non-certified EMT Instructors utilized? (click all that apply)
Didactic
Lab
Clinical

10. Overall, what percentage of the program was instructed by non-certified EMT Instructors?
71.43

11. What additional activity was needed to prepare non-certified EMT instructors for:
<b>Didactic instruction</b> Review of Objectives and material

## ATTACHMENT G: PDC October 10, 2007 Minutes

**Lab instruction**

New lab instructor orientation

**Clinical instruction**

New preceptor orientation

12. Which of the following criteria was useful in selecting non certified EMT Instructors: (check all that apply)

The selection process utilized in our ALS programs

Instructional Experience

Subject knowledge

Other

13. What was the level of certification or credentials of your non-certified EMT instructors?

NREMT-P, Va. EMT-P, Va. EMT-B

14. What did you like most about this pilot program?

That we were able to experience a wholesale change in personnel with only a miniscule drop in overall performance.

15. What recommendations do you have for changes for the next round of pilot programs?

Continual work towards non-EMT instructor usage.

16. What did not work well?

Nothing really.

17. What recommendations do you have for potential implementation statewide?

Continuation of this process.

18. Other comments you wish to share?

None at this time.

19. Choose one category below which best describes where your institution is located.

Urban area with a population of 150,000-500,000

20. For your entire student body, please indicate the racial or ethnic group breakdown--please provide actual numbers, NOT percentages.

**White**

5

**Black**

4

**Hispanic**

5

Thank you very much for completing the mandatory pilot program report.

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1. Please select the name of the institution for which you are submitting a report.

J. Sargeant Reynolds CC - Hanover Fire

2. This is my \_\_\_\_\_ program using the initial pilot program standards?

Second

3. Has this program ended?

Yes

4. Please complete the following information about the program on which you are reporting:

**Beginning Enrollment**

12

**How many passed the program?**

10

**How many failed the program?**

ATTACHMENT G: PDC October 10, 2007 Minutes



1
<b>How many remain incomplete?</b> 0
<b>How many withdrew during the program?</b> 1

5. Please complete the following information about the certification testing for the program on which you are reporting:
<b>How many passed the state certification examination on the first attempt?</b> 4
<b>How many passed on subsequent attempts?</b> 6
<b>How did your pass rate for the state certification exam for the pilot program compare to previous programs that you coordinated?</b> 100% (I haven't taught a non-pilot program)

6. Please complete the following information about the number of hours it took to complete these various aspects of the program on which you are reporting:
<b>How many didactic hours?</b> 88
<b>How many lab hours?</b> 52
<b>How many clinical hours?</b> 10
<b>Total Number of Hours?</b> 150

7. Do you feel the introduction of competencies increased the overall length of your class?
Yes

8. What percentage of Instructors were not VA Certified EMT Instructors?
50%

9. Where were your non-certified EMT Instructors utilized? (click all that apply)
Lab
Clinical

10. Overall, what percentage of the program was instructed by non-certified EMT Instructors?
Just skills stations

11. What additional activity was needed to prepare non-certified EMT instructors for:
<b>Didactic instruction</b> None used
<b>Lab instruction</b>

ATTACHMENT G: PDC October 10, 2007 Minutes

Review and observation

**Clinical instruction**

Hospital personnel

12. Which of the following criteria was useful in selecting non certified EMT Instructors: (check all that apply)

Instructional Experience

Subject knowledge

Other

13. What was the level of certification or credentials of your non-certified EMT instructors?

Most (all but 1) were paramedics with some instructional experience.

14. What did you like most about this pilot program?

Lots of skills! I had students comment on how they didn't really understand some things very well until they did hands-on.

15. What recommendations do you have for changes for the next round of pilot programs?

This semester I spread the skills days out, so we teach something, then immediately have skills night which includes any previous skills.

16. What did not work well?

Putting most of the skills days on the weekend- 8 hours of skills is too much at one time. Scatter them over the 4 hour days.

17. What recommendations do you have for potential implementation statewide?

Break up the didactic with skills nights. Add plenty of instructors for skills nights, review previous skills (anything previously taught was fair game including CPR).

18. Other comments you wish to share?

Make sure they get the assessment process correct and consistent, then start adding in illnesses and injuries. Keep pulling previous material back, so they know they aren't allowed to forget anything.

19. Choose one category below which best describes where your institution is located.

Suburban location

20. For your entire student body, please indicate the racial or ethnic group breakdown--please provide actual numbers, NOT percentages.

**White**

10

**Black**

1

**Asian American**

1

Thank you very much for completing the mandatory pilot program report.  
Your cooperation and participation is appreciated.



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1. Please select the name of the institution for which you are submitting a report.

Roanoke Valley Regional Fire Training Center

2. This is my \_\_\_\_\_ program using the initial pilot program standards?

Third

3. Has this program ended?

No

4. Please complete the following information about the program on which you are reporting:

**Beginning Enrollment**

7

**How many passed the program?**

7

**How many failed the program?**

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UNK
<b>How many remain incomplete?</b> UNK
<b>How many withdrew during the program?</b> unk

5. Please complete the following information about the certification testing for the program on which you are reporting:
<b>How many passed the state certification examination on the first attempt?</b> unk
<b>How many passed on subsequent attempts?</b> unk
<b>How did your pass rate for the state certification exam for the pilot program compare to previous programs that you coordinated?</b> unk

6. Please complete the following information about the number of hours it took to complete these various aspects of the program on which you are reporting:
<b>How many didactic hours?</b> 72
<b>How many lab hours?</b> 64
<b>How many clinical hours?</b> 12
<b>Total Number of Hours?</b> 148

7. Do you feel the introduction of competencies increased the overall length of your class?
No
8. What percentage of Instructors were not VA Certified EMT Instructors?
50%

9. Where were your non-certified EMT Instructors utilized? (click all that apply)
Lab
Clinical

10. Overall, what percentage of the program was instructed by non-certified EMT Instructors?
50%

11. What additional activity was needed to prepare non-certified EMT instructors for:
<b>Didactic instruction</b> N/A
<b>Lab instruction</b>

ATTACHMENT G: PDC October 10, 2007 Minutes

Prep prior to class

**Clinical instruction**

None

12. Which of the following criteria was useful in selecting non certified EMT Instructors: (check all that apply)

The selection process utilized in our ALS programs

Instructional Experience

Subject knowledge

13. What was the level of certification or credentials of your non-certified EMT instructors?

NREMT-P

14. What did you like most about this pilot program?

The fact that we had flexibility to use others

15. What recommendations do you have for changes for the next round of pilot programs?

none

16. What did not work well?

nothing

17. What recommendations do you have for potential implementation statewide?

none

18. Other comments you wish to share?

n/q

19. Choose one category below which best describes where your institution is located.

Urban area with a population of 150,000-500,000

20. For your entire student body, please indicate the racial or ethnic group breakdown--please provide actual numbers, NOT percentages.

**White**

6

**Black**

3

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ATTACHMENT G: PDC October 10, 2007 Minutes

**Attachment H:  
October 10, 2007 PDC Minutes**

**BLS Curriculum Update  
Committee Report**



## EMT-Basic Curriculum Committee

- Plan to update only the most essential skills and topics to match curriculum to current EMT practice across VA.
- No change in course time requirement as all skills can be integrated into current class time.
- National Scope of Practice Changes Expected in 2009.
  - Keep changes simple and prepare VA instructors for adaptation to national curriculum in 2009
- Roll out an instructor resource tool for updated sections
  - DVD for skill demos and introduction in an EMSAT format
  - Skills Check Sheets for new skills and medications
  - Curriculum insert for new topics and skills
  - Possible on-line component with TRAIN Virginia

### Proposed Updates

- Aspirin for Chest Pain
- Nitroglycerin for Chest Pain – ability for EMT to use on-board NTG if pt has current prescription but no NTG
- Gluometry
- Definitive Pulse Oximeter Objectives
- Use of HHN for B<sub>2</sub> agonist

### Text Book Comparison with Support Material for the proposed changes

Book	Publisher	Chest Pain		AMS Glucometry	Respiratory Distress	
		ASA	NTG		Pulse Ox	Hand Held Neb
Emergency Care 10 <sup>th</sup> Ed	Brady	Yes	Rx only	Yes	Yes	Yes
EMT-Complete (Work text)	Brady	Yes	Rx Only	Yes	Yes	Yes
Emergency Medical Technician – <i>Making the Difference</i>	Mosby-JEMS	No	Rx Only	List as good to use but no instructions	List as good to use but no instructions	No
EMT Prehospital Care	Mosby-JEMS	Yes	Generic	Yes	Yes	Yes
	AAOS	?	?	?	?	?
<b>Regional Protocol</b>		<b>82%</b>	<b>50% Rx only</b>	<b>91%</b>	<b>64%</b>	<b>50%</b>

**Attachment I:  
October 10, 2007 PDC Minutes**

**BLS Certification Test  
Committee Report**

## PROPOSED FR/EMT PRACTICAL STATIONS

